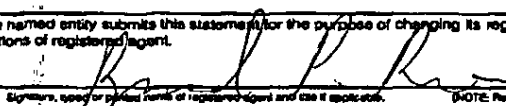
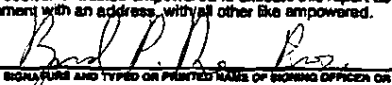


FILED
Jun 17, 2004 8:00 am
Secretary of State

05-04-2004 90384 001 ***300.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

5/4/21 5/

DOCUMENT # P00000032577		
1. Entity Name R SERVICES INC.		
Principal Place of Business 560 HANCOCK LAKE RD. BROOKSVILLE, FL 34602		Mailing Address 560 HANCOCK LAKE RD. BROOKSVILLE, FL 34602
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ROSE, RAYMOND P 560 HANCOCK LAKE RD. BROOKSVILLE, FL 34602		4. FBI Number 59-3638125 Applied For ☐ Not Applicable
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
SIGNATURE:  Signature, name or printed name of registered agent and file if applicable. (NOTE: Registered Agents signature required when relinquishing)		DATE: 6/2/04
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSE, RAYMOND P 560 HANCOCK LAKE RD BROOKSVILLE, FL 34602	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROSE, DANYA M 560 HANCOCK LAKE RD BROOKSVILLE, FL 34602	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  RAYMOND P. ROSE 6/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

727.573.1006